## Application for Pension

## How Made; What to Contain: Description of Disabilities; Oath Prescribed FORM NO. 2-WIDOWS.

## FOR \$150.00

Application of Widow of Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906 as amended by Laws of March 13, 1922, H. B. No. 382.

Applications must be filed in duplicate with the Chancery Clerk on or before the first Monday in September of the year in which application is first filed.

	(Applicant must answer all of the following questions.)
Q.	What is your name? Answer Mary . E. Sinley
Q.	In what state and county do you reside? Knswer State of mississippi County of Delo
Q.	What is the name of your Post Office? Asswer Cline Branch miss
Q.	Are you a bona fide resident of the United States? Answer
Q.	Are you a bona fide resident of the State of Mississippi? Answer
Q.	What was your husband's name? Answer Chulnew by Sivly
Q	When and where were you married? Answer Quy 1856 Hernands Miss
Q.	Have you since remarried? Answer No
Q.	Are you an inmate of the Beauvoir Soldiers' Home? Answer No
Q.	Was your husband a bona fide citizen of the United States and of the State of Mississippi? Answer
Q.	What was the date of your husband's enlistment? Answer Chief 1862
Q.	In what state, county and place did he reside when he enlisted?  Answer State of Mississiffi County of Destato Center His
Q.	Give the names and officers of his company, regiment or vessel?
	Answer Col. Samuel Benton
Q.	Was he ever discharged from his command? Answer No
Q.	If so, for what cause? Answer
Q.	Was he in active service at the surrender in 1865. Answer you fine fine
Q.	If not, why? Answer Was in finer at Comp Douglass
Q.	Are you either blind or an invalid? Answer Sight nearly gone and getting Wor
Q.	Are you either blind or an invalid? Answer Sight nearly game and galling her What is your age? Answer Sighty three years
Q.	When were you married to the veteran as whose widow you make this claim? Answer and 1856

case may be); that I reside in this State; that the statements set forth in the application are true and correct

(Signature of pensioner)

Mary. E. Sanly

as the applicant verily believes; so help me God."

be the identical person named in the said application.	(Signature of Witness)
Sworn to and subscribed before me this day	Mrs monthsh
1 +	(Signature of Witness)
of Many 1922	Service and the service and th
(Signature of Officer)	(Signature of Witness)
Etc. Openiniamion	
NOTE—Must be attested by one or more creditable witnesses.	(Signature of Witness)
Sworn to and subscribed before me, thisday of	(Signycure of applicant)  (Signycure of applicant)  (1923
	(Signature of officer)
Corruela MIS	ept 4 192
We, the indersigned members of the Board of Inquiry, hereby for pension cation are true and the party should receive a pension.  Given under our hands and seal of office, this day of	because we believe the facts stated in the appli-
cation are true and the party should receive a pension.	because we believe the facts stated in the appli-
cating are true and the party should receive a pension.	because we believe the facts stated in the appli-  192  President of Board.  (Seal)  (Seal)  (Seal)  (Seal)
Given under our hands and seal of office, this	because we believe the facts stated in the appli-  192  President of Board.  (Seal)  (Seal)  (Seal)  (Seal)  (Seal)  (Clerk will so certify, after recording the same in a board.
cation are true and the party should receive a pension.  Given under our hands and seal of office, this day of	because we believe the facts stated in the appli-  192  President of Board.  (Seal)  (Seal)  (Seal)  (Seal)  (Seal)  (Clerk will so certify, after recording the same in a board.

PENSION APPLICATION

FOR \$150.00

Name of Applicant

Mary & Sandy

Postoffice

Postoffice